

Health Department, City of Baltimore.

Permit No. 99180

Office of Registrar of Vital Statistics.

Ward

6 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

APR 12 1887
BALTIMORE
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

April 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles N Manuel

Sex, Male or Female, { Cross out the word not } required in this line.

Age, 1 Years

11 Months,

Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Occupation,

Baltimore City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

No 424 N Regester st

Cause of Death, { First (Primary),

Bronchitis

Second (Immediate),

Duration of Last Sickness,

14 Months

All the above information should be furnished by the Physician.

Place of Burial, Edisbury Evergreen Cemetery

Date of Burial, April 12th 1887

{ Undertaker, Wandy L. Sorrel }

Mrs A. Stearns M. D.

{ Place of Business, West st }

Address,

Candy & Co

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Henry M McKewen Inspector

The Physician who attended any person in a last illness, is respectfully invited to the Remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99181 Office of Registrar of Vital Statistics. Ward 13"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 11 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Kotzauer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 20 Years, Months, Days

Color, W.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Turner in metal

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 9 Pine

Cause of Death, { First (Primary), Syphoid Fever, Second (Immediate), ascitis }

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, April 13 1887

Undertaker, C F Kraemer Son

Place of Business, 703 Hanover

F. C. Chatard M. D.

Medical Attendant.

516 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the merits of this, and to that of the Bureau of Vital Statistics.

Health Department, City of Baltimore.

Permit No. 99182 Office of Registrar of Vital Statistics. Ward 16 1/4

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

APR 1
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

April 10th / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Jerusha J. Miller

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

Months,

6

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Batto.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give Street and Number. } old No. 58 Columbia Ave

Cause of Death, { First (Primary),

Pneumonia & Meningitis

Second (Immediate),

Spasms

3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 12th 87

Undertaker, Dennis Mitchell

M. D.

Medical Attendant.

Place of Business, 550 N. Fayette St

Address, 610. S. Paes st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 99183

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1887 at 3:20 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isabella Carr

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 72 Years, — Months, — Days

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number } 240 Columbia Avenue

Cause of Death { First, (Primary.) —
Second, (Immediate.) — }

Phtisis Pulmonalis

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 14th 1887

C. C. Richardson M.D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 530 N. Fayette St.

Address, 1622 Edmondson Ave

*Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. *99182*

Office of Registrar of Vital Statistics.

Ward *X*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 8th 1887*Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Eveline Cherry*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *76* Years,

Months,

Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Virginia*Duration of Residence in the City of Baltimore, *41 years -*Place of Death, { Give Street and Number. } *730 N Broadway*Cause of Death, { First (Primary), *Acute Bronchitis*, Second (Immediate), *Heart Disease* }Duration of Last Sickness, *2 months*

All the above information should be furnished by the Physician.

Place of Burial, *Romney Hampshire Co. West Virginia*Date of Burial, *April 9th at 4 A.M.*{ Undertaker, *George Schilling* }{ Place of Business, *Aland Square* }*Mr. L. Russell M. D.*

Medical Attendant.

Address, *730 N Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[over.]

Special

Health Department, City of Baltimore.

Permit No.

99185

Office of Registrar of Vital Statistics.

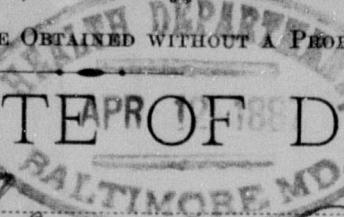
Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jennie Robinson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 24 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give Street and Number. } 521 Gross St

Cause of Death, { First (Primary), Consumption & Phthisis Pulmonalis
Second (Immediate), Exhaustions }

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 13th 1887

{ Undertaker, Grand Hall

{ Place of Business, 115 West St

S. T. Wiley M. D.
Medical Attendant,
Address, 706 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Health Department, City of Baltimore.

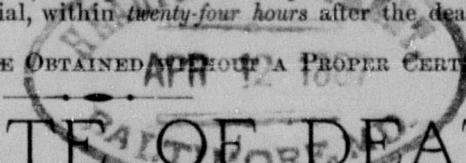
Permit No. 9986

Office of Registrar of Vital Statistics.

Ward 125

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



C

CERTIFICATE OF DEATH.

Date of Death,

April 10 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Author Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 1 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give Street and Number. }

696 light st

Cause of Death, { First (Primary),

Diphtheria

Second (Immediate),

Bronchitis

Duration of Last Sickness,

6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, 12 April 1887

{ Undertaker, Bernard Hale

{ Place of Business, 116 West St

Theodore G. M. D.

Medical Attendant.

Address, 378 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99187

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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O'Shaughnessy

CERTIFICATE OF DEATH.

Date of Death,

April 10th, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give name of parents. }

Margaret O'Shaughnessy

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

Months,

Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widow

Occupation,

Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

34 years

Place of Death, { Give Street and Number. }

No 1709 Gough St

Cause of Death, { First (Primary),

Disease

Second (Immediate),

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's

Date of Burial,

April 13th

Undertaker,

M. Clark & Son

M. D.

Medical Attendant

Place of Business,

90 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99188

Office of Registrar of Vital Statistics.

Ward 72

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Schabeck.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 33 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, 17 years.

Place of Death, { Give Street and Number. } 1624 Barnes St.

Cause of Death, { First (Primary), Consumption. Second (Immediate), }

Duration of Last Sickness, About 9 months.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C.

Date of Burial, April 13 / 87

{ Undertaker, Frank Crock }

{ Place of Business, 827 N. Durham St. }

John St. White - M. D.

Medical Attendant.

Address, 1039 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Health Department, City of Baltimore.

Permit No. 99189

Office of Registrar of Vital Statistics.

Ward 6

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 87.Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Doud

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 50 Years, Months, 5 Days.Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Express DriverBirth Place, { State or country, and how long in the United States, if of foreign birth. } BaltimoreDuration of Residence in the City of Baltimore, Since birthPlace of Death, { Give Street and Number. } 958 N Washington St.Cause of Death, { First (Primary), Pulmonary Consumption, Second (Immediate), Exhaustion }Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross CemeteryDate of Burial, April 13, 1887{ Undertaker, Henry W. Grimes } W. J. Simms M. D.{ Place of Business, 200 N. Calvert Street } Address, 804 N. B. Way Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]